

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Sebastian, Adelina (ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 1630 Leilani Street, Honolulu, Hawaii 96819</b>	<b>Inspection Date: April 7, 2017 Annual</b>

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
LICENSING DIVISION

JUL -6 P 3:13

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u>  (a)  All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b>FINDINGS</b>  Substitute care giver #2, Household member #2 No documentation of annual physical examination.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, both SCG#2 and HM#2 went for their annual physical examinations on April 13, 2017 and on April 17, 2017. I received annual physical exam documentations and were filed in ARCH binder.</p>	<p style="text-align: right;">7/5/18</p> <p style="text-align: right;">'18 JUL -6 P3:13</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DOH-CR-1  STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u>            (a)            All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u>            Substitute care giver #2, Household member #2 No documentation of annual physical examination.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Using my daily calendar, I'll give reminders two months before annual PE expires so that they have ample time to secure appointments w/ their PCPs. Using same tool, I will continue to follow through every month and every week, thereafter until I receive documents.</p>	<p style="text-align: right;">18            11/16            P3:13</p>

STATE OF HAWAII  
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Household member #2 No annual TB clearance.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, HM #2 went for annual TB Skin test on April 17, 2017. Received documentation on April 19, 2017 (w/ negative results) and was filed in ARCH binder.</p>	<p style="text-align: center;">7/3/18</p> <p style="text-align: center;">'18 JUL -6 P3:13</p> <p style="text-align: center;">STATE OF HAWAII DOH-OSDA STATE LICENSING</p> <p style="text-align: center;">RECEIVED</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.  <u>FINDINGS</u> Household member #2 No annual TB clearance.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">Using my daily calendar, I will give reminders two mos. before annual TB skin tests expire. Using same tool, I will continue to follow through every <sup>13</sup> month and every week thereafter, until I receive documentation.</p>	<p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;">JUL - 6 P3:13</p> <p style="text-align: center;">STATE OF HAWAII            DHP-HICA            STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (a)(3)  The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Response to disasters which would include evacuation, emergency shelters, and food supply, and as directed by the Civil Defense.</p> <p><b><u>FINDINGS</u></b>  Disaster plan reflects addresses unknown to licensee in terms of where residents will live if care home is not habitable.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, I had my Disaster Plan re-typed to reflect a different address that is known to me — in terms of where my family and our residents will live if care home is not habitable. New address is at: 98-749 Kaamilo St. Area, Hawaii 96701.</p>	<p style="text-align: center;">7/3/18</p> <p style="text-align: center;">JUL -6 P3:13</p> <p style="text-align: center;">STATE OF HAWAII  DOH-ODCA  STATE LICENSING</p> <p style="text-align: right;"><b>RECEIVED</b></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (a)(3)  The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Response to disasters which would include evacuation, emergency shelters, and food supply, and as directed by the Civil Defense.</p> <p><b><u>FINDINGS</u></b>  Disaster plan reflects addresses unknown to licensee in terms of where residents will live if care home is not habitable.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>For now and in the future, I'll implement what's on our Disaster Plan. And using my calendar, I'll follow-up with my sister, on a yearly basis, to make sure her house can accommodate our family including residents in the event of a disaster. All seats were informed about this change.</p>	<p style="text-align: right;">7/1/18  JUL -6 P3:14</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Unsecured Raid brand roach spray stored unsecured in under the sink storage in resident dining area.</p> <p>Unsecured Tilex brand spray stored unsecured with food supplies adjacent to resident kitchen.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Yes, I removed both the Raid Roach Spray and Tilex Spray from where they were seen by Surveyor, and I secure/store them in a locked cabinet outside the home — located by laundry area.</p>	<p style="text-align: center;">7/3/18</p>

STATE OF HAWAII  
DOH-DICA  
STATE LICENSING

18 JUL -6 P3:14

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><b><u>FINDINGS</u></b> Path to area of refuge from fire exit #2 obstructed by uncoiled water hose.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Yes, I removed the water hose from obstructing path to area of refuge, from Fire Exit #2, upon discovery.</p>	<p style="text-align: center;">7/3/18</p> <p style="text-align: center;">18 JUL -6 P3:14</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: center;">RECEIVED</p>

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Licensee's/Administrator's Signature: X Adelina P. Sebastian  
Print Name: Adelina P. Sebastian, PCG  
Date: 7/5/18

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STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING